

Read Only With Consent

imMTrax User Role Training

Montana Department of
Health and Human
Services

Public Health and Safety
Division


Last Update 06/03/2014

imMTrax and Client Consent

Montana has a voluntary inclusion or “opt-in” policy requiring client consent for *imMTrax* participation. Consent may be obtained verbally or in writing.

Changing client consent without authorization is in violation of HIPAA and state confidentiality laws.

When obtaining consent from a client, DPHHS recommends using the language in the IIS consent form available on the Immunization Program's *imMTrax* website www.immtrax.mt.gov.


Child imMTrax Permission Form

Please Print

Child's Name: _____ Sex: M__ F__ Date of Birth: _____

I authorize my health care provider and a public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS). The IIS is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.

Client/Parent/
Guardian Signature: _____ Date: _____

Primary Health Care Provider: _____

imMTrax Homepage, Read Only With Consent

Available
Functions

Switch Site or
Organization
for users with more than
one location assigned.
Example: Clinic-West and
Clinic-East

Link to
imMTrax
Information
Page

imMTrax Montana Immunization Information System

TEST 3.13.10.1

Clients
manage client
last client
client summary view

Manage Locations
switch sites
switch organizations

General
change password
system user manual

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

Announcements:

- NEW 05/22/2013 ~ [Josh Announcement Test](#)
- NEW 04/02/2013 ~ [Vaccine Available 04/03/2013](#)
- 03/21/2013 ~ [imMTrax System Access Request forms- 2013 Version](#)
- NEW 03/13/2013 ~ [Ordering Window for March](#)
- NEW 11/14/2011 ~ [Forecasting Algorithm Update](#)

Immunization Coverage:

[No Clients available between 19 months and 35 months with a primary association](#)

Release Notes:

- NEW 05/22/2015 ~ [Release Version 1.1.1](#) Josh Release Notes Test

resources on the web: [imMTrax Informational Page](#)
Click above for additional imMTrax user resources

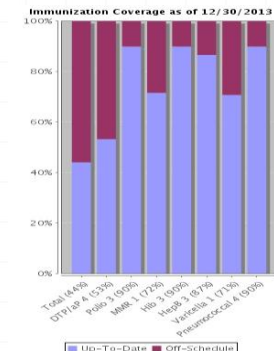
upcoming events: Currently, there are no events listed.

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Organization,
Site and User

Announcements
review with each imMTrax login

Immunization
Coverage
if applicable, users may
see a graph populated
in this section



Accessible Features, Read Only With Consent

- o View client immunization records
 - o client summary view
 - o manage client
- o Print client immunization records and reports
- o Document client consent

The screenshot displays the imMTrax Montana Immunization Information System interface. The top navigation bar includes links for home, change password, logout, and help desk. The user is logged in as Michelle Funchess. The left sidebar contains a menu with options like TEST 3.13.10.1, Clients, Manage Locations, and General. The main content area shows Announcements, Immunization Coverage, Release Notes, and resources on the web. The Announcements section lists several updates with dates and links. The Immunization Coverage section shows a message about client availability. The Release Notes section lists a new release version. The resources on the web section includes a link to the imMTrax Informational Page. The upcoming events section shows a message that there are no events listed. The footer contains copyright information for the State of Wisconsin and the State of Maine.

imMTrax
Montana
Immunization
Information
System

TEST 3.13.10.1
.....

Clients
manage client
last client
client summary view
Manage Locations
switch sites
switch organizations
General
change password
system user manual

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

Announcements:

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Immunization Coverage:

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Release Notes:

NEW
05/22/2015 ~ [Release Version 1.1.1](#) Josh Release Notes Test

resources on the web: upcoming events:

[imMTrax Informational Page](#) Currently, there are no events listed.

Click above for additional imMTrax user resources

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Read Only access roles do not include the ability to enter or edit immunization information.

Client Summary View, Read Only With Consent

imMTrax
Montana
Immunization
Information
System

TEST 3.13.11.1.1

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

Client Search Criteria

Last Name* SSN - - Find

First Name* Phone - -

Birth Date* Chart#

Mother's First Name imMTrax ID

Mother's Maiden Last Organization ID

Medical Home Association

* Fields displayed in *italics* are required for adding new patients.

Possible Matches: 3

Index	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
Last Name																										
SOUP																										
SOUP																										

Last Name	First Name	Middle Name	imMTrax ID	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender
SOUP	BROCCOLI	CHEDDAR	4261709	01/01/2010		POTATO		F
SOUP	TOMATO		4261708	01/01/2009		POTATO		M

The above client has not consented. Please contact your local public health department for further information. [Consent Form](#)

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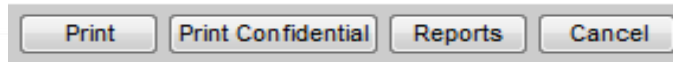
Most clients in imMTrax have consent documented. Under *client summary view*, select the client's last name to proceed onto viewing and printing immunization reports.



Clients without documented consent are not available for viewing until consent has been obtained.

Client Summary View, Read Only With Consent

Print directly from *summary view*
-or-
Proceed to *Reports* for more
options



Vaccination History



Vaccines Recommended



im4Trax
Montana
Immunization
Information
System

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic • User: Michelle Funchess

Client Information VFC Eligible: Yes Print Print Confidential Reports Cancel

Client Name (First - MI - Last) DOB Gender *Michelle Maiden* Tracking Schedule *Chart*

BROCCOLI CHEDDAR SOUP 01/01/2010 F ACIP

Provider (PCP) *Not on file*

School *Not on file*

Funding P/E *Not Insured*

Insurance Providers *No Insurance Providers on file*

Contraindications/Events

Responsible Person Information

Name	Relationship	Address	Phone	Notices?
POTATO SOUP	Unknown	5555 Montana Ave, Helena, MT 59601	(406)444-4444	Yes

History Return

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?
HepB	01/01/2010	1 of 3			No		Yes
	02/01/2010	2 of 3			No		Yes
	07/01/2010	3 of 3			No		Yes
MMR	01/15/2011	1 of 2			No		Yes
Polio	03/15/2010	1 of 4			No		Yes
Rotavirus	03/15/2010	1 of 3			No		Yes
	05/15/2010	2 of 3			No		Yes

Current Age: 3 years, 11 months, 23 days

Vaccines Recommended by Selected Tracking Schedule

Non-validated doses are not included in the forecasting logic.
Non-validated doses should be confirmed.

Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
DTPaP	02/12/2010	03/01/2010	04/01/2010	12/31/2016
Hep A	01/01/2011	01/01/2011	01/01/2012	
HepB		Complete		
Hib	02/12/2010	03/01/2010	04/01/2010	12/31/2014
Influenza	07/01/2010	07/01/2010	08/01/2010	
MMR	02/12/2011	01/01/2014	01/01/2016	
Pneumococcal	02/12/2010	03/01/2010	04/01/2010	11/30/2015
Polio	04/12/2010	05/15/2010	06/15/2010	
Rotavirus		Maximum Age Exceeded		
Tdap > 7 years	01/01/2020	01/01/2021	01/01/2022	
Varicella	01/01/2011	01/01/2011	05/01/2011	12/31/2022

Yellow = Can Administer Green = Due Blue = Overdue Pink = Completed or Invalid

[View Explanation of Schedule Highlighting](#)

Reports, Read Only With Consent

imMTrax
Montana
Immunization
Information
System

[home](#)
[change password](#)
[logout](#)
[help desk](#)

Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

Client Information VFC Eligible: Yes

Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #
BROCCOLI CHEDDAR SOUP	01/01/2010	F		ACIP	
Address 5555 Montana Ave, Helena, MT 59601 (406)444-4444					

Reports Available for this Client

Report	Description	Additional Information
Vaccine Administration	Displays demographics, contact information, immunization history, as well as immunizations available.	Site* <input type="text"/> Language* ENGLISH
Complete Immunization	Displays demographics, registry data, contact information, as well as detailed immunization history.	None
Immunizations Needed	Displays demographics, contact information, immunization history, as well as immunizations needed.	None
School Entry Form	Displays Form HES-101, the School/Child Care Certificate of Immunization.	None

Cancel

Report Viewing Requirements

Registry reports are *best viewed* with Adobe Acrobat Reader 5.0 or later. Earlier versions of Adobe may work, but there will probably be formatting differences. If you do not have a qualifying version, click the Adobe image to the left to download the current version of Acrobat Reader. In addition, you may find helpful guidelines at the Adobe Support Site for configuring Acrobat Reader to work with your browser. Configuration guidelines for the Internet Explorer browser may be found at <http://www.adobe.com/support/techdocs/331025.html>, while the guidelines for the Netscape Browser may be found at <http://www.adobe.com/support/techdocs/328635.html>.

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Choose and
select a report to
view or print

STATE OF MONTANA - CHILD CARE FACILITY/SCHOOL
 CERTIFICATE OF IMMUNIZATION

Complete immunization requirements and provides for those who fail to meet the requirements set forth in Section V. This form is required for ALL persons attending school or child care. See the notes on the back of this form for additional information.

SECTION I
 PLEASE PRINT CLEARLY

Child's Name (Last, First, Middle Initial)	DOB	Sex	Primary Provider
SOUTH BROCCOLI C.	01/01/2010	F	
State of Parent/Guardian	Address	City/State/Zip	Telephone
POTATO SOUP	5555 Montana Ave	Helena MT 59601	(406) 444-4444

SECTION II
 IMMUNIZATION HISTORY
 Valid only when filed out by school, child care, or medical personnel. MUST be filed out by the parent.

Required Vaccines	Month, Day & Year of Each Dose				
(ACIP/Child Care Requirements, (Mandatory Requirements))	1	2	3	4	5
Diphtheria/Tetanus/Polio (DTP)	01/01/2010	04/01/2010	04/01/2010	04/01/2010	01/01/2011
Hepatitis B (HB) (Age appropriate)	01/01/2010	04/01/2010	04/01/2010	04/01/2010	01/01/2011
Hemophilus Influenza Type B (HIB) (Only children less than 7 years)	01/01/2010	04/01/2010	04/01/2010	04/01/2010	01/01/2011
Meningococcus (Men) (MOR)	01/01/2010	04/01/2010	04/01/2010	04/01/2010	01/01/2011
or Meningococcus (MOR)	01/01/2010	04/01/2010	04/01/2010	04/01/2010	01/01/2011
Measles (MM) (MM)	01/01/2010	04/01/2010	04/01/2010	04/01/2010	01/01/2011
or Measles (MM) (MM)	01/01/2010	04/01/2010	04/01/2010	04/01/2010	01/01/2011
Polio (OPV or IPV)	01/01/2010	04/01/2010	04/01/2010	04/01/2010	01/01/2011
Vaccine (Checkmark) (YES or NO)	YES	YES	YES	YES	YES
1. Checkmark if child has documentation of disease	YES	YES	YES	YES	YES
2. In child's immunization record	YES	YES	YES	YES	YES

ACIP Recommended Vaccines
 (ACIP/Child Care Requirements, (Mandatory Requirements))

Month, Day & Year of Each Dose	1	2	3	4	5
Hepatitis A	01/01/2010	04/01/2010	07/01/2010		
Hepatitis B	01/01/2010	04/01/2010	07/01/2010		
Human Papillomavirus (HPV) - for adolescents					
Influenza (recommended annually for all ages 6 mos.					
Management of Congenital Varicella (MCMV) (Age 13, 14 & later)					
Management of Congenital Varicella (MCMV)	01/01/2010	04/01/2010			

(1 = In child's immunization record)
 (2 = In child's immunization record)

THIS IS NOT A COMPLETE IMMUNIZATION RECORD. CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION.
 If filled out by health department or health care provider:
 To the best of my knowledge, this child has received the above immunizations.

If filled out by school or child care personnel:
 I CERTIFY that information has been transferred from supporting documentation as noted in the Administrative Rules of Montana.

Signed: _____ Date: _____
 (Health Department/Child Care Provider)

Signed: _____ Date: _____
 (Health Department/Child Care Provider)

Signed: _____ Date: _____
 (Health Department/Child Care Provider)

Signed: _____ Date: _____
 (Health Department/Child Care Provider)

Signed: _____ Date: _____
 (Health Department/Child Care Provider)

Signed: _____ Date: _____
 (Health Department/Child Care Provider)

FORM No. 12 HES101 (Revised 03/2011)

Sample School Entry Form

Manage Client, Read Only With Consent

Client Summary View

→ Manage Client

The screenshot shows the 'Client Summary View' in the imMTrax Montana Immunization Information System. The top navigation bar includes links for 'home', 'change password', 'logout', and 'help desk'. The user is logged in as 'Michelle Funchess' at 'Imafake Clinic'. The left sidebar lists navigation options: 'Clients' (manage client, last client, client summary view), 'Manage Locations' (switch sites, switch organizations), and 'General' (change password, system user manual). The main content area is titled 'Client Search Criteria' and contains search fields for Last Name, First Name, Birth Date, SSN, Phone, Chart#, Mother's First Name, Mother's Maiden Last, imMTrax ID, Organization ID, and Medical Home Association. Below the search criteria, it states 'Possible Matches: 3' and displays a table of results. The first two rows are highlighted with red circles.

Last Name	First Name	Middle Name	imMTrax ID	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender
SOUP	BROCCOLI	CHEDDAR	4261709	01/01/2010		POTATO		F
SOUP	TOMATO		4261708	01/01/2009		POTATO		M

Below the table, a message states: 'The above client has not consented. Please contact your local public health department for further information. [Consent Form](#)'.

The screenshot shows the 'Manage Client' interface in the imMTrax Montana Immunization Information System. The top navigation bar is the same as the previous view. The left sidebar lists navigation options: 'Clients' (manage client, last client, client summary view), 'Manage Locations' (switch sites, switch organizations), and 'General' (change password, system user manual). The main content area is titled 'Client Search Criteria' and contains search fields for Last Name, First Name, Birth Date, SSN, Phone, Chart#, Mother's First Name, Mother's Maiden Last, imMTrax ID, Organization ID, and Medical Home Association. Below the search criteria, it states 'Possible Matches: 3' and displays a table of results. The first two rows are highlighted with red circles.

Last Name	First Name	Middle Name	imMTrax ID	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender
SOUP	BROCCOLI	CHEDDAR	4261709	01/01/2010		POTATO		F
SOUP	TOMATO		4261708	01/01/2009		POTATO		M

Below the table, a message states: 'Consent has not been documented for the above client, please click on the client name to update the consent status. [Consent Form](#)'.

Consent must be documented in imMTrax before the record is available. Once consent is obtained, the client's consent status must be changed using the *manage client* option.

Manage Client, Read Only With Consent

imMTrax
Montana
Immunization
Information
System

TEST 3.13.11.1.1

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

Client Search Criteria

Last Name* soup SSN - - Find

First Name* Phone - -

Birth Date* Chart#

Mother's First Name imMTrax ID

Mother's Maiden Last Organization ID

Medical Home Association

* Fields displayed in *italics* are required for adding new patients.

Possible Matches: 4

Index	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
Last Name	First Name	Middle Name	imMTrax ID	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender																		
SOUP	BROCCOLI	CHEDDAR	4261709	01/01/2010		POTATO		F																		
SOUP	FRENCH	ONION	4269047	06/06/2011		POTATO		M																		
Consent has been denied for the above client. Click on the name to update the consent status or deduct inventory. Consent Form																										
SOUP	TOMATO		4261708	01/01/2009		POTATO		M																		
Consent has not been documented for the above client, please click on the client name to update the consent status. Consent Form																										

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Consent
denied

Consent not
documented

Link to Consent
Forms (available at
<https://immtrax.mt.gov>)

Manage Client, Read Only With Consent

The screenshot displays the imMTrax Montana Immunization Information System interface. The top navigation bar includes links for home, change password, logout, and help desk. The user is logged in as Michelle Funchess. A sidebar on the left contains navigation links for Clients, Manage Locations, and General. The main content area shows a 'Client Search Criteria' section with a 'Consent Notification - Windows Internet Explorer' pop-up window. The pop-up contains a caution message and three buttons: 'Consent Obtained', 'Consent Denied & Deduct Inventory', and 'Consent Denied'. Below the pop-up, a table lists possible matches for a client search. The table has columns for Last Name, First Name, Middle Name, imMTrax ID, Birth Date, Chart #, Mother's Maiden First, Mother's Maiden Last, and Gender. The table shows three entries, each with a 'SOUP' status and a 'Consent' link. A footer section contains copyright information for the State of Wisconsin and the State of Maine.

imMTrax
Montana
Immunization
Information
System

TEST 3.13.11.1.1

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

Client Search Criteria

Consent Notification - Windows Internet Explorer

Caution!!
Consent has not been documented for this client!!
To comply with HIPAA and state confidentiality laws please ensure consent is obtained prior to changing status.

Consent Obtained Consent Denied & Deduct Inventory Consent Denied

* Fields displayed in *italics* are required for adding new patients.

Possible Matches: 4

Index	Last Name	First Name	Middle Name	imMTrax ID	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender
SOUP	BROCCOLI	CHEDDAR	4261709	01/01/2010		POTATO			F
SOUP	FRENCH	ONION	4269047	06/06/2011		POTATO			M
Consent has been denied for the above client. Click on the name to update the consent status or deduct inventory. Consent Form									
SOUP	TOMATO		4261708	01/01/2009		POTATO			M
Consent has not been documented for the above client, please click on the client name to update the consent status. Consent Form									

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Consent Not Documented

Clicking on the last name of a client whose consent status has not been documented will cause a pop-up box to appear. The available options are *Consent Obtained* or *Consent Denied*.

If the client was selected in error and consent remains undetermined, close the pop-up box by selecting the "X" in the top right corner.



Read Only with Consent role users do not have inventory functions. Selecting *Consent Denied & Deduct Inventory* will send the user back to the home page.

Manage Client, Read Only With Consent

Consent Denied

Clicking on the last name of a client that has denied consent will cause a pop-up box to appear. The only available option is *Consent Obtained*.

If the client was selected in error and consent remains denied, close the pop-up box by selecting the "X" in the top right corner.



Read Only with Consent role users do not have inventory functions. Selecting *Deduct Inventory* will send the user back to the home page.

Manage Client, Read Only With Consent

imMTrax Montana Immunization Information System

TEST 3.13.11.1.1

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

Personal Information

Last Name* SOUP SSN - - Save
First Name* FRENCH Mother's Maiden Last Cancel
Middle Name ONION Mother's First Name POTATO Record Immunization
Birth Date* 06/06/2011 County* LEWIS & CLARK History/Recommend
Gender MALE Medicare Id (Part B) Reports
imMTrax Id 4269047

Client Information Responsible Persons Client Comments Contact History

Chart # Tracking Schedule* ACIP
Ethnicity Status Active
Race Status Change Date
Medical Home Association* School
Primary Provider* Not Associated Allow Reminder & Recall Contact? Yes
VFC Eligibility* Not Eligible Last Notice Date
Other Eligibility* Insured Primary Association
Secondary Associations

Insurance Providers
5 STAR LIFE INSURANCE COMPANY
A & I Benefit Plan Administrators, Inc.
AAA LIFE INSURANCE COMPANY
Add >
< Remove

Selected Providers

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After selecting
Consent Obtained,
imMTrax
automatically
changes the client's
consent status to
Active.

Manage Client, Read Only With Consent

imMTrax
Montana
Immunization
Information
System

TEST 3.13.11.1.1

Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

Personal Information

Last Name* SOUP SSN
First Name* FRENCH Mother's Maiden Last
Middle Name ONION Mother's First Name POTATO
Birth Date* 06/06/2011 County* LEWIS & CLARK
Gender MALE Medicare Id (Part B) imMTrax Id 4269047

Client Information Responsible Persons Client Comments Contact History

Chart # Tracking Schedule* ACIP
Ethnicity Status Active
Race Status Change Date
Medical Home Association* School
Primary Provider* Not Associated Allow Reminder & Recall Contact? Yes
VFC Eligibility* Not Eligible Last Notice Date
Other Eligibility* Insured Primary Association
Secondary Associations

Insurance Providers
5 STAR LIFE INSURANCE COMPANY
A & I Benefit Plan Administrators, Inc.
AAA LIFE INSURANCE COMPANY

Selected Providers

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In order to proceed to
History/Recommend
or *Reports*:

- ✓ Medical Home Association must be documented
- ✓ Save changes

imMTrax Medical Home Association Guide and a link to the PDF are located on next page.

Read Only access roles do not include the ability to enter or edit immunization information. Selecting Record Immunization will send the user back to the home page.



Medical Home Associations, Read Only With Consent



Montana Immunization Program *imMTrax* Medical Home Association Guide



Medical Home Association*

Primary Care
Secondary Care
Not Associated
Mass Immunization
School (non-SBHC)
WIC

If this patient comes to you for **MOST** of their immunizations select **"Primary Care"** as you are their Primary Immunization Provider.

NOTE: This patient will be calculated into your facility's immunization coverage rate AND eligible for your facility's immunization reminder letters.

If this patient is not an established patient at your facility BUT did attend a mass immunization clinic you hosted select **"Mass Immunization"** as you do NOT provide them with ongoing immunization services.

If you are the patient's WIC representative, select **"WIC"** as you are accessing their record for WIC program purposes.

NOTE: WIC is a supplemental nutrition program for Women, Infants, and Children.

If you are the patient's K-12 school nurse select **"School"** as you are accessing their record for school related purposes.

NOTE: Non-SBHC stands for non-School Based Health Clinic.

If this patient comes to you for **SOME** of their immunizations select **"Secondary Care"** as you are their Secondary Immunization Provider.

NOTE: This patient will be calculated into your facility's immunization coverage rate AND eligible for your facility's immunization reminder letters.

If this patient is not an established patient at your facility select **"Not Associated"** as you do NOT provide them with ongoing immunization services.

Examples of When to Select Not Associated:

- When you access the account **ONLY** to obtain a record for the client.
- If you provide a one-time immunization service such as an influenza dose.

[Click for PDF](#)



← Click here for the Read Only With
Consent Memorandum of Agreement.

Montana Department of
Health and Human
Services

Public Health and Safety
Division

Immunization Program

Questions?

Michelle Funchess, IIS Training and Support
(406) 444-2969
mfunchess@mt.gov